

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Michael Burns, City manager
 c/o City of Lowell
 301 East main St.
 Lowell, MI 49331



9590 9402 6690 1060 5394 45

2. Article Number (Transfer from service label)

7021 0350 0001 6069 3191

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B E Davies

☒ Agent☐ Addressee

B. Received by (Printed Name)

KEI PIY

C. Date of Delivery

10-21-

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

3. Service Type

☒ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery

Mail

Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

USPS TRACKING®



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 6690 1060 5394 45

United States
Postal Service

RECEIVED
OCT 29 2021

BY: _____

• Sender: Please print your name, address, and ZIP+4® in this box •

JOHNSON LAW, PLC
535 Griswold St., Ste. 2600
Detroit, MI 48226

SMR

Bledsoe
211059